STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

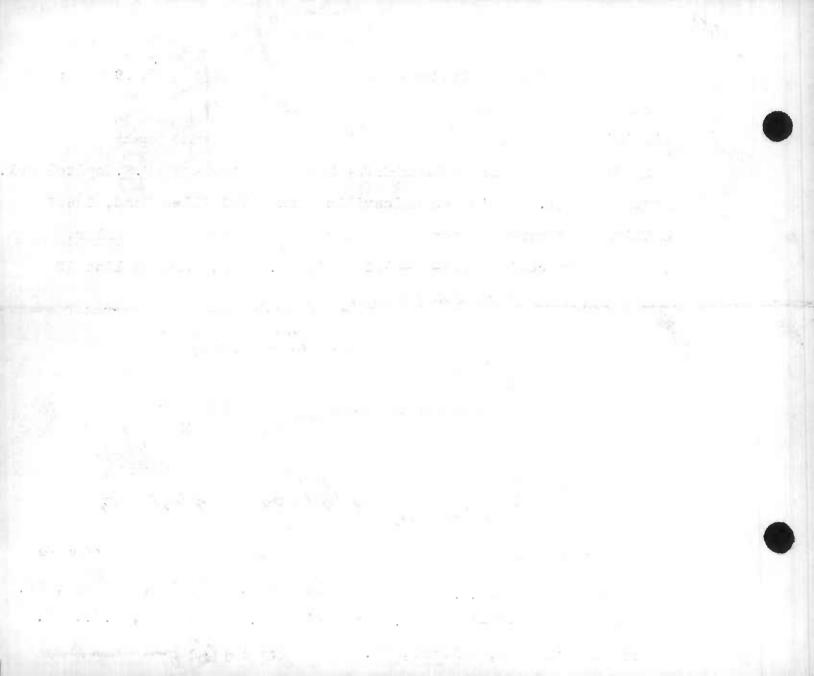
	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND A		GIENE 4	REG. NO.	4 8	6	1	
ı		CEASED NAME FIRST		AIDDLE	i,	AST		20. DATE OF	DEATH MO	NTH DAY	Y YEAR	26 HOU	R
Ì	11116		arles	Glendon	Bas	ss		Ser	pt	14, 1	984	3:55	PM
ı	3. SEX	(4. RACE		5. DATE O		YEAR	6. AGE (IN YEA	ARS LAST BIRTHO		UNDER TYEAR		24 HRS MIN.
	8 1	Male	White		5	11	35	49	9	YRS.	VIIIS DATS	, ACORS	to the
2	7a. BIR	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER A	ADDIED [9 BALTIMOR	E CITY OR C	OUNTYO	FDEATH		
7		rginia	USA		WIDOWE		ORCED [Cha	arles	Count	У		MD.
1	JO. CAT	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET	G HOME C	R OTHER INST		120. USUAL OF	OR MOST OF WO	ORKING LIFE)	INDUSTRY	OF BUSINE	
1		La Plata AL RESIDENCE DE NURSING HOM		ans Memor		lospita.	1	Patro.	Iman	0.5	. Cap	1101	Pol
1	13a S	ryland St	OUNTY	Mechar	N. I	134. INSIDE CI	TY LIMITS?	13e STREET AI			d, 2	0659	
1	LFA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S	MAIDEN NA	AME	MIDDLE		1	AST	
1	Wi		cnest	Bass		Ida		Mae		W	alle		- 10
)		VAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT (S	pouse)	ADDRESS				
10	Ye	s Pea	acetime	230-40-	-6651	Boni	ta B.	Bass,	Same	as	line	13 DXIMATE INTER	
		Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause lost	e DUE TO, OI	r as a conseque	NCE OF	CAR	310 M	1 NAN	4				
	ATION	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERA	MINAL DISEASE	OR CONDIT	ION GIVEN	IN PART 1	lia	
1	CERTIFICATI	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOF			NG CAUSE	INGS USED ES OF DEAT NO	H?
7		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DE DEATH HOUR A.	FINJURY M. MONTH DA M.	AY YEAR	21c. HOW IN	JURY OCCUP	RRED (ENTERNATE	URE OF INJURY IN	ITEM IS PAR	I I OR PART 2)		
	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE, FA	ARM ETC)	211 LOCATIO	N _		CITY OR TOWN	,	COUNTY	5	TATE
		22a 1 certify that (1) (this because allowed the deceased the deceased allowed the deceased t	e on 9	e deceased from			(our) opinion	e death occurred	9/19 an the data	and hour o			
		226 SIGNATURE	reame	3	/		TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	4	221 DAT	14/8	7
		224 PHYSICIAN'S NAME (1	TYPE OR PRINT)			22e ADDRES						601	
		Nallan Rama	akrishna M	.D.		Charl	es Pr	of. Bu	ildin	g, W	aldo	rf,	Md.
	11	URIAL, CREMATION, REMO				EMETERY OR C		23d LOCAT			COUNTY	. Md	TATE
	Bu	rial	9-18-	1984 Mc	d. Ve	eteran	's Ce	m. Che	Trenh	am,	r.6.	, Ma	•

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Hem 21 is

Huntt Funeral HOme, Waldorf, Md.

250. DATE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE
SFP 1 8 1084 Julia Buildon Bandone



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL SYGIENE

	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND I	MENTAL SYG		2 4 G. NO.	8 6	3		
		CEASED NAME OR PRINT)	FIRST		MIDDIE	l	AST		2a DATE OF DEA		DAY YEAR	2b. HO	JR p.	
			Lou		B	utler			Septemb		1984		:10M	
	3. SEX	X		4. RACE		5. DATE C		VEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS		R 24 HRS	
1		Male		Black		4-	Š DAY	1913	71	YR	S.			
Ы	7a BI	RTHPLACE STATE OR F	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D KNEVER	AARRIED 🗆	9. BALTIMORE C	ITY OR COU	NTY OF DEATH	OF DEATH		
1		aryland			States	WIDOWE	10 D	VORCED		rles			MD.	
3	10 CI	ITY OR TOWN OF DEA	HTA		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	120 USUAL OCCUPATION 12b. KIND OF BUSINESS C					
1		La Plata	-	Physic	ians Mem	orial	Hospit	Carpent			vate			
5	13a. S	AL RESIDENCE IF NURS STATE Maryland	13b. COUN Char	TY	13c CITY OR TOW ISSUE		13d. INSIDE C	ITY LIMITS?	13: STREET ADDR General	ESS / ZIP CO	ODE verv	2064	5	
1		ATHER'S NAME						MAIDEN NA	ME					
0		G.st	^	ADDLE	Bush			Mary	MIC	DLE		hers		
4		VAS DECEASED EVER			16b. SOCIAL SECL	JRITY NO.	17. INFORMA	NT	-	DDRESS	- Sallo			
	- (YES, NO OR UNKNOWN)	I IF YES, GIVE	WAR OR DATES)	218-14-	4360	Ethel	Butle	Issue,	Maryl	and 2064			
		PART I. DEATH W	AS CAUSED	BY: E CAUSE (a)	RAS A CONSEQUI	bry	faile	ure			RETWEET	XIMATE INTE	DEATH	
		Canditians, if any, gove rise to imm cause (a), statin underlying cause	nediate ng the	(b) DUE TO, O	RAS A CONSEQUI	ENCE OF	e du	73						
	NO NO	PART 2 OTHER SIGN	NIFICANT C	onditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART	Ia		
1	CERTIFICATION	19a DATE OF OPERAT	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY YES □ NO	_ IN CE	YES, WERE FIND RTIFYING CAUSE YES		TH?	
7		21a ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEAT	III	M. MONTH D.	AY YEAR	SIC HOW IN	JURY OCCURE	RED (ENTER NATURE O	DE INJURY IN ITEM	TS PART I OR PART 2)			
	MEDICAL	21d INJURY OCCURE	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, 1	FARM, ETC)	211 LOCATION STREET	ON	CIT	ORTOWN	COUNTY		STATE	
		22a.1 certify that (1) sow the decease abave, (1) (we)+e	ed alive on.	9-	77- 195	21	nd that in (my)	19 76 (out) opinian	to 9 -	the date and	19 84 haur and fram th	, that (I) (e causes st		
/		22b. SIGNATURE	lis	alt			M.D.	ATTENDING PHYSICIAN (5	MEDICAL P	STAFF HYSICIAN [22c. DAT 9-2	E SIGNED 28–84		
		22d PHYSICIAN'S NA	AME (TYPE OF	R PRINT}			22e. ADDRES	S						
		Girija	Rath	M.D.	F		Wa1	dorf, M	ld. 2060	1				
Å		BURIAL, CREMATION,	REMOVAL	236. DATE	23(NAME OF C	EMETERY OR	REMATORY	23d. LOCATION		COUNTY		STATE	
		Burial		10-2-8	34 H	loly G	host		Issue		Charles		Md.	
	24. FU	UNERAL DIRECTOR			ADDRESS			25a. DAT	E REC'D. BY REGIS	TRAR 256. REC	GISTRAR'S SIGNA	TURE		
		Thornton	n Fune	eral Hon	ne Po	monke	y, Md.	UG	3 1944	1 delia	Davidson-A	andell	a 1	

DHMH - 16 50M 4/83 (VRA 15, 4)

0 BP. G. Bush Mary

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Smothers

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL BYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME MONTH 2b. HOUR Mae Chambers Josie TYPE OR PRINT 2 Tosic 10:00 A 6. AGE (IN YEARS LAST BIRTH AY) IF UNDER 1 YEAR 3. SEX MONTH VEAR 1904 Caucasian Jan. An Female 70. BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. West Virginia WIDOWED DIVORCED | Charles O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWIFE Own Home Physicians Memorial Hospital La Plata USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION old be 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 20601 Waldorf 3007 Walnut Lane Martland Charles NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Turner Adeline Estil Henry MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (SON) ADDRESS (YES, NO OR UNKNOWN) Arlos O. Chambers. Same as Line #13 232-48-1071 ND APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY 48/12 IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUF TO OR AS A CONSEQUENCE OF underlying couse INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CAVOLOVASINAT disesse 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? onsit pe Mental Hygiene YES [NO IT sho 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET WHILE NOT WHILE Time 28 1984 and that in (my) (auchopinion death occurred on the date and hour and from the causes stated sow the deceased olive on_ abave, (1) (=a) (did) (did nat) view the bady after death 27b. SIGNATURE DEGREE 22c. DATE SIGNED should be detached ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: H 774 PHYSICIAN'S NAME TTYPE OF PRINT Brandywine, Maryland Brandywine-Waldorf Clinic Fieldson, M.D. Thomas L. 0 230 BURIAL, CREMATION, REMOVAL 23¢, NAME OF CEMETERY OR CREMATORY 23b. DATE Rich Creek, Giles, Va. 9-4-84 Rich Creek Cemeterv BP Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 Huntt Funeral Home, Waldorf, Maryland (VRA 15, 4) PED

aredward early aleas. Francis Description 27, 1904 1 30 mg -ust straining U.L.F. s Disples roads and function cold x fable suffer business yet Harman Share To Land the contract of the contract of Diggs L. Elelinen, M.D. III Strongbigs - Llong Milnin urist 9-1-84 Wight Drest Constant Stab Drest, Miles, Ne. Hone's Finnerel Kome, Landager, Miryland be's

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR Margaret Albrittain Cheslev Sentember 11 1984 B: 458 M RACE A AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HPS MONTH Female Caucasian 1918 Aun. 9. BALTIMORE CITY OR COUNTY OF DEATH 78. BIRTHPLACE I STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Charles U.S.A. Marvland WIDOWED [DIVORCED KI IR CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR INDUSTRY Drug IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sales Ren. Waldorf Wednewood Wholesale USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 19. STREET ADDRESS / ZIP CODE 2004C Wedgewood Pl. 20601 13a STATE COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Charles Md. Waldorf 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME George Albrittain Maggie Cooksev 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. Belfast Rd. Bert W. Bryner, Waldorf. Md. 579-22-2001 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDIDRESPIRATORY T IMMEDIATE CAUSE (a) Q) DUE TO, OR AS A CONSEQUENCE OF LE ROTIC CARDIO VASCULAR Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OPNO CEKEBRAC
VAS CULAR DISEASE couse (a), stating the underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION E prior 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIN YES [NO [Hyg 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINERS P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 228.1 certify that (1) (this haspital) attended the deseased from, sow the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Old Branch Ave., Clinton. Danilo G. Lee 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE | SPECIFY) Burial 9-14-84 Ft. Lincoln Cem. Colmar Manor, REC'D BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3

Huntt Funeral Home, Waldorf, Maryland

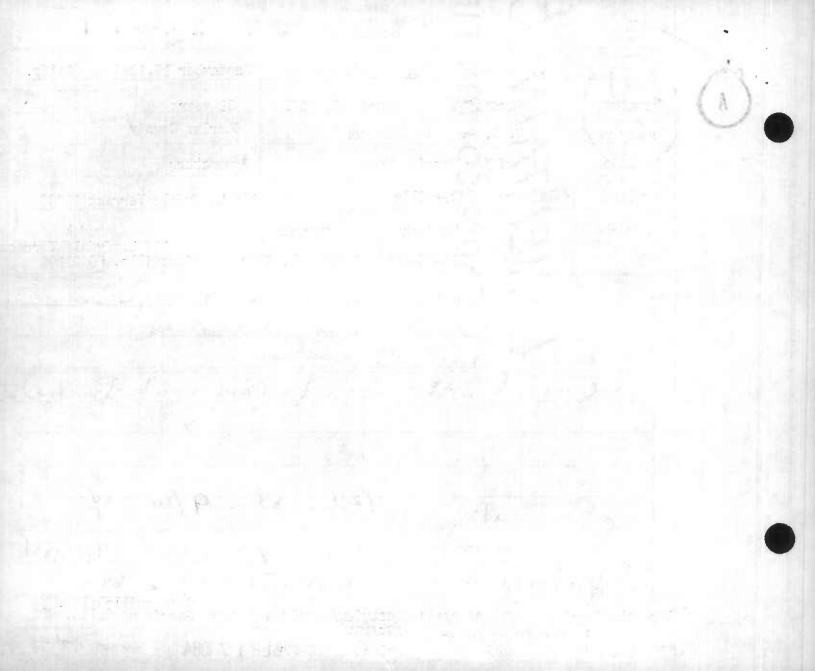
(VRA 15, 4)

STATE OF MARYLAND

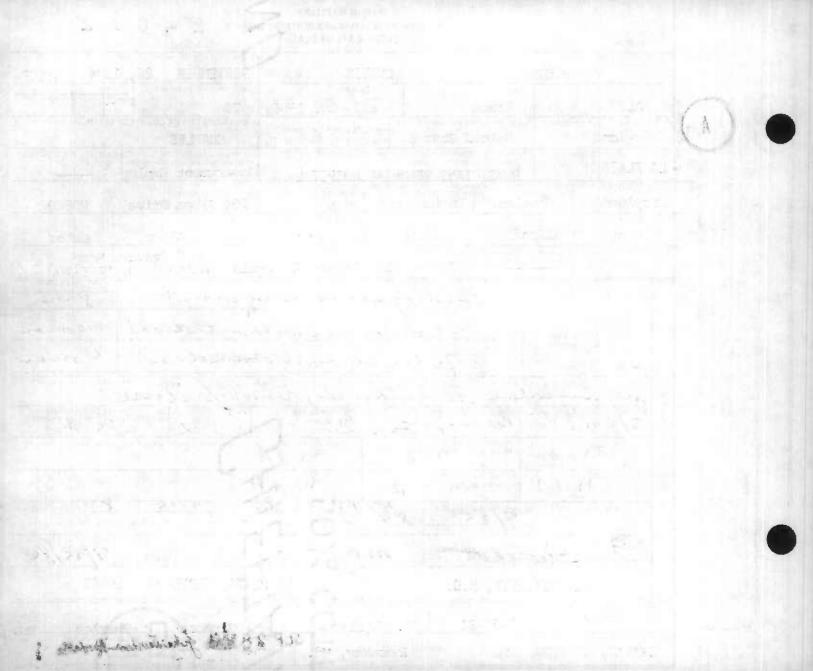
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND I	MENTALHYG	TEÑE	2 REG. N	4 8	7 2	
£ 4		CEASED NAME FIRS	ROME	MIDDLE	CUR	ΓIS			EMBER	монтн 25	, 1984	2b. HOUR 8:20Pm
0.0	3. SE		4 RACE	951815	S. DATE O		YEAR	6. AGE (II	YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	
		MALE	Black		Apr		1906	78		YRS.		
A	70. B	IRTHPLACE 1 STATE OR FOREIG COUNTRY) Maryland		what country?	MARRIE	NEVER A	WARRIED D		CHARLE		Y OF DEATH	MD.
60	L	TY OR TOWN OF DEATH	PHYSIC	HOSPITAL, NURSING PACILITY, GIVE STREET	NG HOME OF ADDRESS!			TYPE OF W	LOCCUPAT ORK FOR MOST	IFE) INDUSTRY	12b. KIND OF BUSINESS OR INDUSTRY CC	
	13e		Charles	I 3c. CITY OR TOW Indian	VN	13d. INSIDE C YES 🔀	ITY LIMITS?		T ADDRESS Elbee	Drive	e 2	20640
18	14 F	James A	lfred	Curti	s		S MAIDEN NA: FIRST LY	ME		lice		orter
medical		WAS DECEASED EVER IN U. (YES, NO DR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	578-40-		17 INFORMA Jerome	W. Cur	tis	Box 2 India	Traven Head	ers Roa d, Mary	id land 2064
grene prior to burial, cremation to burial, cremation have any injury, or other traver	CERTIFICATION	Conditions, if any, whis gave rise to immedia cause (a), stating it underlying cause to PART 2 OTHER SIGNIEJE. 19a DATE OF OPERATION 3	DUE TO, O st. (c) Abit CONDITIONS C	or his	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISE. 200 PU YES [ASE OR CONTINUE TOPSY?	IDITION GI	S, WERE FIND IFYING CAUSE ES . /	INGS USED
and Mental Hys	MEDICAL CE	210. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICALEX 21d. INJURY.OCCURRED WHILE AT WORK AT WORK	MINERI P.	M. MONTH D	19	211 LOCATIO	DN /	RED (ENTER	NATURE OF INS		PART 1 OR PART 2)	STATE
MPORTANT: If hem 21 is mor		220. I certify that (I) (this sow the deceased all above, (I) (we) (did) (c 22). SIGNATURE	ve on 9/2 did not) view the body	rafter death.	84.0 m	DEGREE A	ATTENDING PHYSICIAN E	MEDICA DIRECTO	al STA	FF CIAN [220. DAT	that (1) (we) last e causes stated SSIGNED
5 3 3	23e	BURIAL, CREMATION, REMO	23b. DATE 9-29-		NAME OF C	EMETERY OR C	CREMATORY	C	CATION Ity or town		Charle	s Md
M 4/82		UNERAL DIRECTOR THORNTON FUNE				key, Md	SELPA		a fu	SP COR	THE WAY	1



the late the story of the story in 312 , been notified it. to leave the little banking To and I am your . not . ton. . The 15 of and 1 am 15 of and 1 am 15 Justin . Secreta . The Color of Land . S. Carrier . Carrier . Carrier . Carrier . dunt's forms Limine, Maderry, Murrians 1521 0 124 Salari an Mark FOR STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DEC	NO			

		REGISTRAR							REG. I	10.				
1.	DEC	EASED NAME	FIRST	A11	Oysius	Fler	lage	A	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
1			lerma		Δ		lerlage		9-14-30	9	22	84	12:56	SP.
3.	SEX		ici niei:	4 RACE		5. DATE C			6 AGE (IN YEARS LAST B	RTHDAY)	MONTH:	DER I YEAR	IF UNDER 24	MIN.
ı		Male		White		12	24	09	74	YRS		DATS	HOURS	M IN.
70	BIR	THPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.	D NEVER A	AARRIED 🗆	9. BALTIMORE CITY OR COUNTY OF DEATH					
		ountry) arvland		U.S.A	1.	WIDOWE		ORCED T	Charles	Coun	tv	MD.		
_	_	Y OR TOWN OF DEA	HTA	11. NAME OF	HOSPITAL, NURSIN	IG HOME C		ITUTION	12a USUAL OCCUPA	TION	121		F BUSINES	
	la	Plata			ians Memo		Hospita	1	Farmer	OF WORKING	F	PUSTRY	ing	
U	SUA	L RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CI		13e. STREET ADDRESS	Box				
"	-	Maryland		rles	Waldorf	14	YES	NO X	Gallant G				20601	1
14		THER'S NAME	Cita		1	Day A		MAIDEN NAM	ΛE	H EGH	Nu			
		August		MIDDLE	lerlage	1000	Н	elen	MIDDLE			lans		
16	a W	AS DECEASED EVED	IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17. INFORMA		ADD	RESS				
	8	ES NO OR UNKNOWN)	(IF YES, GIV	YE WAR OR DATES)	218-14-	2027	Antho	nv G.	Flerlage	e san	ne e	s 1	3	
=	7							,	101100				MATE INTERVA	AL
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	D BY:	l'a mi	1 1	xxent					BEIWEEN	UNSET AND DE	AIR
	9.1		IMMEDIA	TE CAUSE (D)	Caroua	Lu	11201							_
		DUE TO, OR AS A CONSEQUENCE OF												
ŀ		Conditions, if ony, which gove rise to immediate (b) LOVINGY HEAST INTEREST.												
	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF													
		underlying cause	last.	((e)										
		PART 2 OTHER SIGN	VIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION (SIVEN IN	PART I	01	
1	S	Bruke Reg	pirator	of Dille	so Ermon	mal	Renal	forlare						
1	CERTIFICATION	196. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20e AUTOPSY?				NGS USED	
				6					YES NO NO	IN CER	YES	CAUSES	OF DEATH	?
		21a. ACCIDENT WAS UNI	DERLYING [21b. TIME C			21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF IN	IURY IN ITEM 1	8 PART I C	OR PART 2)		
		OR CONTRIBUTING		4171	M. MONTH D									
0	MEDICAL	(IF EITHER NOTIFY MEDI			M. OF INJURY	19	211 LOCATIO	N						
1	ME	WHILE NOT WE	HILE 🗀		REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET		CITY OR 1	OWN	C	OUNTY	STA	TE
		22a.1 certify that (1)		talk attended th	and deceased from	1	Dal	10 7 6	. 0. 2) -	10 &	7.	that (1) (we	N las
		saw the deceos		000		4	nd that in (my)	(aux) opinion o	death occurred an the	date and h		, ,		
		abave, (1) (we) (c 22b. SIGNATURE	did) (did no	t) view the bady	ofter death.		DEGREE				-	22c DATE		
		220. SIGNATURE		mat	+	1		TTENDING .	MEDICAL ST	AFF		TO T	7-86	1
		22d. PHYSICIAN'S N	WARE THE	00 BB(INT)		/	1220 ADDRES	C	MEDICAL ST DIRECTOR PHYS			1-2	- 0/	_
								wald	orf Profe	essi	nal	. Bu	ildir	ng
L		Girija S.	Rat	n M.D.			Walc	orf,	Maryland	2061	11			
	- 11	URIAL, CREMATION,	REMOVAL	236 DATE	23c	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COU	NTY	STA	TE
	BL	rial	31.50	9-25-	-84 St	. Ma	ry's C	emete	ry Bryant	town.		arl		Md
		INIEDAL DIRECTOR							E DEC'D BY DECISTON		ICTD A D'C	CICALAT	TUDE	

Maryland

DHMH - 16 50M 4/B2

BP.

(VRA 15, 4)

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Funeral Home, Waldorf,

roans and road a second a seco neign neign gostaels tampu-Yes the same and that I do not not not be the same and the weldors, dervices 20101 Public 1 2-75-94 valt. Grav'n Committee variation, Whenline, Whenline, William duction of the contract of the TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 thoust oth

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

etained by the hospital or attending physician.

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STATE OF MARYLAND

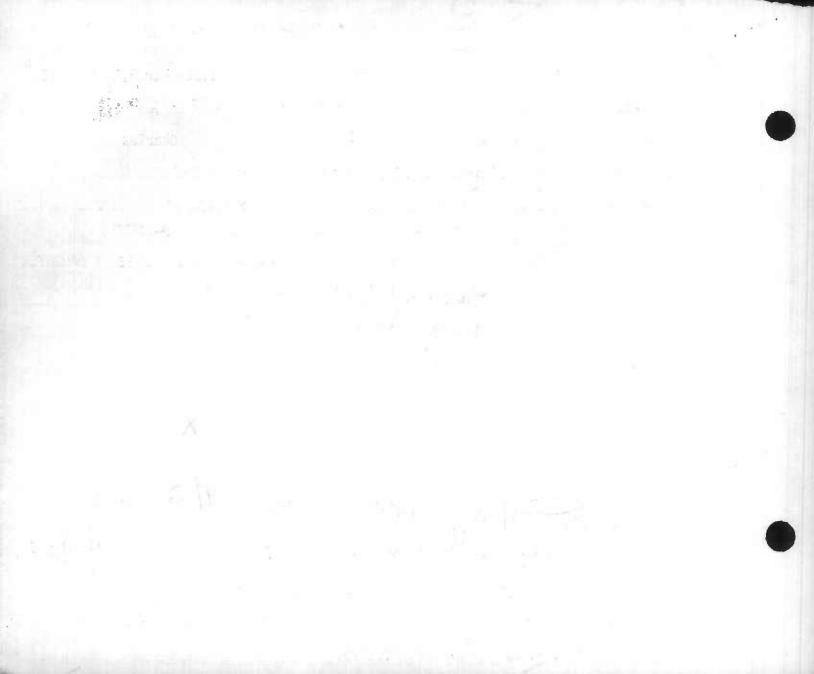
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTI	MENT OF H	EALTH AND MENTAUHYG ICATE OF DEATH	ENE Z	4 0 /	2
		EASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY Y	EAR 26. HOUR
- ['	TYPE	Annie		R		Gill	Sente	ember 8.19	84 1.10
3.	SEX		4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER	YEAR IF UNDER 24 HR
	F	EMALE	CAUCA	SIAN	AUG	30,1891 YEAR	93	YRS.	DAYS HOURS MI
70		RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEA	тн
		RELAND	U.S.A		WIDOWE	1/1/		Charles	1
100	L CII	LY OR TOWN OF DEATH		F HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION 12b. K	IND OF BUSINESS
01	a	Plata		cians Memo		Hospital	HOUSEWIE		3111
2	ISUA	L RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTIO	ON GIVE RESIDENCE BEFOR	E ADMISSION)		13e.STREET ADDRESS		
4				13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES√√√ NO □	RT 1 ROX		1622
	MA	PYLAND ST.	MARYS	CHARLOTT	E HALI	15. MOTHER'S MAIDEN NA	AE ,	98 70	
7		MICHAEL	J.	McGARVEY		MARY		MCKENNER	LAST
7 16		AS DECEASED EVER IN U.S. A	RMED FORCES			17 INFORMANT	ADDRI		
4	{4	ES NO OR UNKNOWN) (IF YES, G	INE WAR OR DATES!	218-24	-3362	ANNA MAE BAG	GGQTT SAI	ME AS 13	DAUGHTE
	z	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(0.	OR AS A CONSOU		NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN IN PA	ART I(o
	CERTIFICATION	19a. DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	
1	Ĕ						YES NO	YES [NO [
7	8	210. ACCIDENT WAS UNDERLYING	- III	OF INJURY A.M. MONTH D	AV VEAD	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	JRY IN ITEM IS PART 1 OR P	ART 2)
/ /	A	OR CONTRIBUTING CAUSE OF D	EAIN	P.M.	19				
		I IF ETHER NOTIFT MEDICAL EXAMIN							
	EDIC	214 INJURY OCCURRED		E OF INJURY	r + D + E + C +	ZII LOCATION	CITYLORIC	OWN COUN	NTY STATE
7	MEDICAL			CE OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC }	711 LOCATION STREET	CITY DRIC	NWO COUN	STATE
7	MEDIC	21d INJURY OCCURRED	(AT HOME	STREET, FACTORY, OFFICE,	FARM, ETC.)		citylor to	OWN COUN	state, that (I) (we) I
/ //	MEDIC	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I (this has)	(AT HOME	the deceased from	814			3 1981	, that (I) (we) I
7	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME	the deceased from	14.	STREET		3 1981	, that (I) (we) I
-	MEDIC	21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify thou (1) this hos sow the decease alive a obova 11 (we kaid) (did in	(AT HOME	the deceased from	14.	STREET , 19 d that in (my) (our) opinion of the company of the c	deoth occurred on the d	late and hour and fro	, that (I) (we) I
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DHMH - 16 50M 4/B3

FUNERAL DIRECTOFF rancis J. Collins ADDRESS
500 UNIV. BLVD., W., SILVER SPRING, MD. (VRA 15, 4)

SEP 1 4 1984



DARE U

Arehart Funeral Home, Inc., LaPlata, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

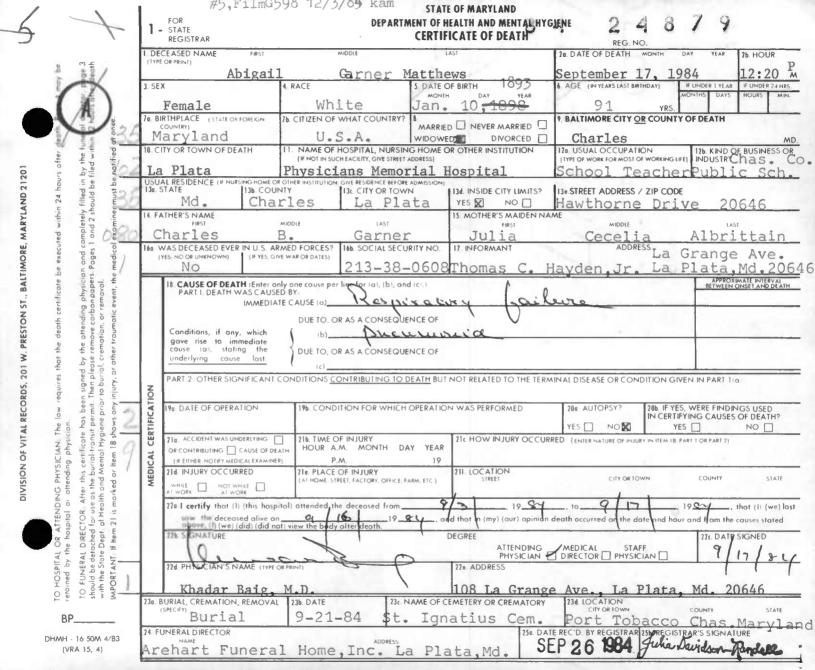
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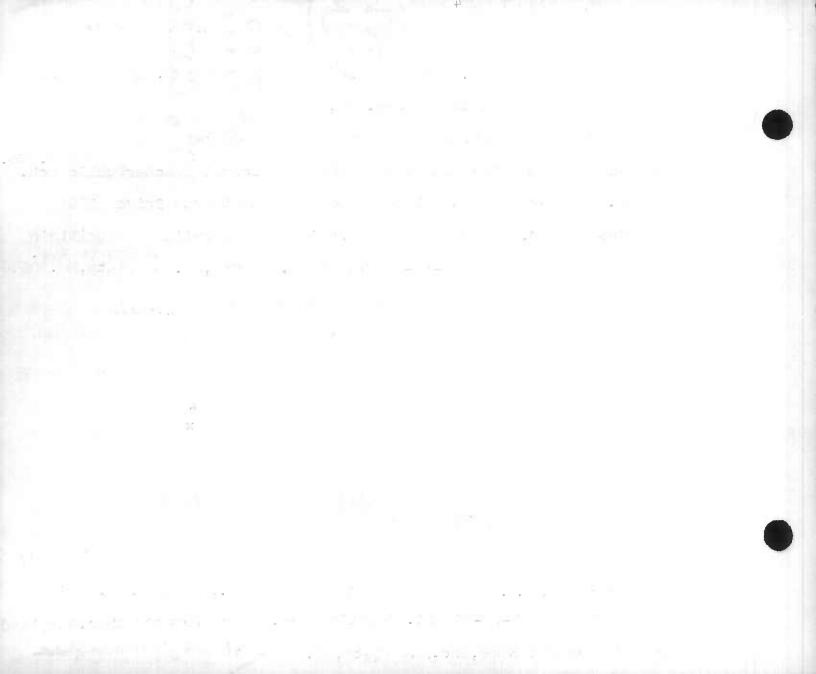
STATE OF MARYLAND

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6	FOR STATE REGIS	TRAR	1		MENT OF HEA	F MARYLAN LTH AND MI ATE OF DE	ENTAL HYGI	REG		7 8	
3 75	I. DECEASED 11YPE OR PRINT	NAME R	bert	Randal:	L Marsh	nall	Sr.	Septemb		, 1984	1:45 M
	3. SEX Male		4. RACE		Dec.	18, 19	year 11/	6. AGE IN YEARS LAST		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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by the fun lied within	La P	own of DEATH	Physi	HOSPITAL, NURSI UCH FACILITY, GIVE STREE CIANS ME	emoria]	OTHER INSTIT	UTION	120 USUAL OCCUP	ATION STOF WORKING LE	(E) INDUSTRY	MD. DEBUSINESS OR bing Co
V filled in 24.hou	USUAL RESIDENTS AND	land C	OME OR OTHER INSTITUTION COUNTY	Hughe	RE ADMISSION) NN 134 BVILLEY	d. INSIDE CIT	Y LIMITS?	13e STREET ADDRES		206	37
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Present Pages			YES, GIVE WAR OR DATES)	218-10				ude Mars	00		as 13
ING PHYSICIAN: The law requires that the death grafficate between the offer this certificate has been signed by the attending physician and as the burial-stransit permit. Then please remove carboin papers. Figure than and Mental Hygiene prior to burial, cremation, or removal, as how say injury, as other traumatic event, the medical arked or them 18 shows any injury, as other traumatic event, the medical	gave cause under		ch (b) DUE TO, (c)	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	nana JENCE OF	ON RELATED T	O THE TERM	NAL DISEASE OR C		VEN IN PART 1	a
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DING PHYSIC or attending or attending to a steep burious calls and Men marked or ite	AT WOR] AT HOME.	E OF INJURY STREET, FACTORY, OFFICE	FARM, ETC)	II LOCATION STREET			RTOWN	COUNTY	STATE
TTENDIII pital or TTOR: A for use of Healt	so	w the deceased al	haspital) attended ive an 9/1/ did not) view the boo	19	8 2 and t	hat in (my) (c	. 19_ ⊯r) opinian a	to FES			that (I) (we) last causes stated
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TO HOSPITAL retained by th TO FUNERAL should be deter with the State	Dr		hy R. Pa			Rt.#3		uth Wald	dorf,	Maryla	and 2060
BP DHMH - 16 50M 4/83	Buri 24 FUNERAL	DIRECTOR	9-24	-84 T	rinity		Garde	CITY OR TOWN	AR 256 REGIS	harles	URE
(VRA 15, 4)	Hunt		al Home,	Waldor	f, Mar	vland	SE	P 2 5 1984	Julia	Davidson	Mandell

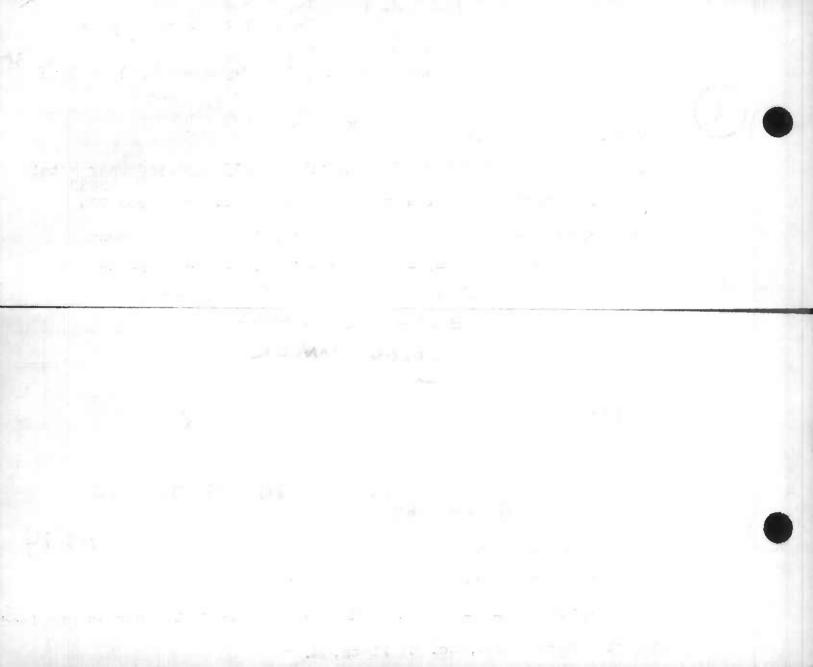
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541			REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		5.
	4	I. DE	EASED NAME	FIRST		MIDDLE		ASI _	20. DATE OF DEATH M	ONTH DAY YEAR	R 2b. HOUR 10
	m =		OF PRINT)	John		Erancis	MAM	cNulty, Sr.			P.
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	Ē	3. SE			4. RACE		5. DATE (6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YE	
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	5175		ryland Ty or town of	DEATH			WIDOW!	DR OTHER INSTITUTION	12ª USUAL OCCUPATION		ID OF BUSINESS OR
	1 1 /2 /							ON OTHER HASHHORION	Chairman of	WORKING LIFE) INDUST	rry
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21	P P P	13a. S	L RESIDENCE (1F) TATE	NURSING HOME OR O	OTHER INSTITUTION	Cians Men N. GIVE RESIDENCE BEFO	ORE ADMISSION)	1136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2	7IP CODE	21060
N.	2 E S	M	arvland	Anne	Arunde	Linthi	riim	YES NO TO	207 South H		Ferry Rd
YIA .	F - S - S		THER'S NAME			Zineni.	cum	15. MOTHER'S MAIDEN NA		ammonas	relly ha.
A	nd plet	1	FIRST	^	AIDDLE	LAST		FIRST	MIDDLE		LAST
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OR	nd nd		ES, NO OR UNKNOWN	(FYES, GIVE	WAR OR DATES)			17 INFORMANT (Sor	1)	P.O. 1	
¥.	Po o e	Y	es	W.W	. 1	218/14/	0160	Col. John F	. McNulty, J	r. Linthic	um, 21090
M	sicio ol.		18 CAUSE OF DE	EATH (Enter anl	y one couse pe	er line far (a), (b), o	and (c).)			APP BETWI	PROXIMATE INTERVAL
2	phy npo mov		PART I. DEAT	H WAS CAUSED) BY: E C AUSE (a)	CARDI	10- P	ULMONAR)	1 ARRE	ST	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	The sign of the si	CERTIFICATION	UPP	ER	GASTI	RO INT	EITT	NAL BEEL	ING		
0	Sorio mo	TAC	190. DATE OF OPE	RATION	196 CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED		206. IF YES, WERE FIN	
8	ne per la	FE							YES TO NOT	YES T	SES OF DEATH?
IA	sicio	ER	21a ACCIDENT WAS	UNDERLYING	21b. TIME	OF INJURY		21c HOW INJURY OCCUR	RED LENTER NATURE OF INJURY		
> u.	phys of Hy of Hy		OR CONTRIBUTING				DAY YEAR		TENTER MANDRE OF INJOR	IN THE PART TOWN	41
0	SSIC Cerritor Her	CA	(IF EITHER NOTIFY			P.M.	19				
0	this day	MEDICAL	21d INJURY OCC			FREET, FACTORY, OFFICE	E. FARM. ETC 1	211 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
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	or Af		22a I certify that	t (I) (this hospite	al) attended t	the deceased fram		nd that in (my) (aur) apinion		2 - 19 PU	e, that (I) (we) last
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	ERAL ERAL Store		22d PHYSICIAN'S	NIAME HURSON				PHISICIAN E	DIRECTOR PHYSICIA		11/11/
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	eformed by TO FUNER, should be d with the Sto		4 , 1110	17/10 6	ייייייייייייייייייייייייייייייייייייייי	/ ·		FTIWASH	TEN GTON,	Md 21	0744
	5 6 5 4 3 ₹		URIAL, CREMATIC	ON, REMOVAL	736 DATE	730	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	BP	(Bur	ial /	Sont	17 1984	Md V	eterans Ceme	towar Charman	county	STATE
		24 FI	INERAL DIRECTO		Joen.	11,1709	wid. V	lie Da	E REC'D. BY REGISTRAR 25	VIIIE A. A	VA URE MA
DH	MH - 16 50M 4/83		NIAME	14//	Um	OCH			P T 4 1984 1	33004-13100	- C
	(VRA 15, 4)	Si	ngleton	Hunera	[Home	Glen Bu	ırnie,	Md.	1 - 2 100 - 0		





DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X WONTH DAY 26 HOUR ANDREW A. (TYPE OR PRINT) ESTI-Stephen Mills, Sr. DEATH MATED 9/28/8419 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 7:80° YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 9-19-1952 32 YRS Male Cauc. DEAD 9/28/8419 PM 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED VINEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Charles County 2 AND 3 TO THE F 3 KETAIN PAGE : 2 SOULD BE FLED, AL RECORDS, 201 W. IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Physician's Memorial Hospital Foreman Construct. La Plata 136 COUNTY 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS White Plains YES□ NO NO. P.O. Box 440, 20695 Maryland Charles N ITEM 18. GIVE PAGES 1, 2. ALONG WITH FORM PM 3. TERMIT. PAGES 1. AND 2. SHYGIENE, DIVISION OF WITH 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME M . Mills, Sr. Lee James Anna Lorenz 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Spouse) (YES, NO. OR UNKNOWN) No 219-56-1213 Joyce T. Mills, Same as Line 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In MEDICAL CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? PAGE SHOULD BE CRAWARDED TO THE CHIEF CHIE YES 🔯 NO F 216. TIME OF INJURY HOUR AN MONTH DAY YEAR 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 6:00P.M. 9/28/ 1984 subject in head-on collision 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC 1 WHILE AT WORK highway 227 West of Tulip Dr., White Plains, Charles Autopsy X Md. 220 I certify that I took charge of the remoins described above, held an Inquiry and in my opinion Accident XX / Natural couses death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 9/29/84 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE CITY OR TOWN 10-2-1984 St. Joseph's Church Pomfret, Charles, Md. Burial BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Aulia Daydson-Randell (VR A15 ME (5)) Huntt Funeral Home, Waldorf, Md.

20M 4/B2

STATE OF MARYLAND

CONTRACTOR SERVICE AND ADDRESS OF THE PARTY . roser and les committee. as Land Charles Charles Colored Colore The same of the sa All , made a little and a market of the time that the little and t the state of the s

	OR		DE	PARTMI		OF MARYL		YGIENE	0 4	9 8	Z	
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	EASED NAME OR PRINT)	Charles	М	J.		Nels	on		OF ESTI- EATH MATED		-17 19	84 A
3. SEX	ile Bl	ce s.	DATE OF BIRTH	YEAR 6.	AGE (IN YEARS LAST BIRTHDAY) 43 YRS.	MONTHS DAYS		24 HRS. 2c. MIN PRO	DATE NOUNCED DE AD	MONTH 9-	DAY	YEAR 2d HOUR 4:20 P. M
	THPLACE (STATE OR		USA	COUNTR		MARRIED A	NEVER MARRI	IED 📙	ALTIMORECIT Charles			
1/	Y ÖR TOWN OF DE La Plata	ATH II	NAME OF HOSPIT (IF NOT IN SUCH FACILITY Physician	TY, GIVE STREE	T ADDRESS)			120. USUAL	OCCUPATION (OF WORKING LIFE)			OF BUSINESS DUSTRY
SUAL 10. ST.	RESIDENCE (IF IN N	URSING HOME OR OT	THER INSTITUTION, GIVE R		ORE ADMISSION)		DE CITY LIMITS?	13e STREET		ırmıms	Road	Marylan
14. FA1	Hers Name Robert N	elson "	NODLE	LAS	T :	15. MO	THER'S MAIDE	ENNAME Ty Nels	WIDDIE		LAST	
Jan. W	AS DECEASED EVE (NO. OR UNKNOWN)	(IF YES, GIVE WAR			SECURITY N	-	ormant nita Ne	elson V	ADDRI Fife 485		Barmu	ns Road
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TIFICAT	19a. DATE OF OPER		196 CONDITIO						_=		(hea	opsy? ad only) W No
MEDICAL CERTIFICATION	CONTRIBUTING	OR CAUSE OF DEA		9-17	19 84	subject	t shot		E OF INJURY IN ITEA	A 18 PART 1 OR P.	ART 2)	
MED	WHILE OCCU	T WHILE X	21e PLACE OF STREET, FACTOR	Y, FARM, ETC.)		STREET			arles Co	ounty,	Maryl	and
	22a I certify that death resulted to ACTUAL SEGNATURE	Notural c	f the remoins describe	dent [TITLE	Inspection omicide , E (SPECIFY) SSISTAN	Undetermi	nquiry , ned manner .	ond in my o , DATE SIGN	0_1	18-84
23a 8U	EXAMINER'S NAMI (TYPE OR PRINT)	Delili	s F. Smyt			ADDRES	5	123d LOCA1	., Balto			
24 FU	NERAL DIRECTOR	Se	ept 21 84	Ha	rmony	Jemeter,	Y 250. DATE	Lanc	lover Ma			STATE
Duc	Mey, S Fu	neral Ho	ome 17,25 1	Maryl	and Av	e Ne DC	SEP	2019	34 Julia	Davidso	- Nona	UNE .

MANAGE AND DESCRIPTION OF THE PROPERTY OF THE

BANK ANDREAS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2h HOUR

REG. NO

20. DATE OF DEATH

22 1984 September

IF UNDER I YEAR

YRS.

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) - INDUSTRY U.S. Govt.

305 Forest Lane

Elizabeth M. Garvey

same as #13

APPROXIMATE INTERVAL

TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

216/HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

YES [

STATE

NO E

77c DATE SIGNED

Buria: Rest Cemetery La Plata Charles Maryland 24. FUNERAL DIRECTOR

Arehart Funeral Home, Inc. La Plata, Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR

REGISTRAR

. DECEASED NAME

- STATE

TYPE OR PRINTS

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HUNTT FUNERAL HOME, WALDORF, MD.

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

Commission- Handale

ERIAMET CAUCASIAN ENET. I(, 1910 72 SIMPHS - I W G AND CHO MARYYAND CHARLES IN THE X " X " IN THE TWENTY AND THE PERSON OF THE PERS THE TRANSPORT CARE TO A STREET TO SEE A STREET THE SECOND STREET TO SECOND Alexander State of the State of CLOURS L. FITTH SQU., HD. T. ... Let orunner. 144 Printer BUTTLE OHET. 7. 1984 TELLITY LEM. SENS. MALADET, CHARLES. ... PHINDS FURERAL BOKE, MARRION, DE. ORD CE SU

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

256. DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE SEP 20 1984 A CONTROL OF A NORTH AND A CONTROL OF A CONTROL

-	1-	REGISTRAR				CERTII	ICATE OF E	EATH		1 de la constante				
		CEASED NAME	FIRST		MIDDLE	LAST			20. DATE OF DEATH MONTH DAY YEAR			2b. HOUR		
	11111	OKERINI	Ethe	Mae S	Sparrough					9	16 84	11:154		
	3. SE	Х		4. RACE		5 DATE			6. AGE (IN YEARS LAST I	HRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		
		Female		Whit	-6	MONT	1 1 DAY	04	80	YRS.	MUNIHS DAYS	HOURS MIN.		
		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	1			9. BALTIMORE CITY	1110	Y OF DEATH			
7		ashington,	D.C.	U.S.	A.	WIDOW	D NEVER	VORCED	Charles	Coun	4-4-			
_		CITY OR TOWN OF DEATH		11. NAME OF	HOSPITAL, NURSIN	IG HOME	CO. CO.		12a USUAL OCCUPA	TION	12b. KIND (DF BUSINESS OR		
7	т	a Plata			CH FACILITY, GIVE STREET Lans Memor		Hoenita	1	Medical S			Secretarial		
-	USU	AL RESIDENCE (IF NUR	SING HOME OF	OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION))66h		
5		STATE	13h COU		13c. CITY OR TOW	N	13d. INSIDE C	NO .	RT. 1 Re			лоод		
_		ryland ATHER'S NAME	I Cha	rles	Newburg			S MAIDEN NA		x 99	HI			
^		Selby		MIDDLE	Hollidge		Mas	FIRST	MIDDLE		Roye			
2	140 V		INIII A	MAED EODCESS						DRESS				
		160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)								Shill Barren St.				
		No	578-07-1	134	Hopert	т. эра	arrough Takoma Park, Maryland							
		18 CAUSE OF DEAT		BETWEEN	ONSET AND DEATH									
		PART I. DEATH WAS CAUSED BY:												
			WALLED IV		E AS A CONSEQUE	and by	1	1	- 10	The state of	. \			
		Conditions, if ony, which by Consequence the Bear of Conference the Consequence the Conference that the Conference the Conference that the Confere												
		Conditions, if ony, which gove rise to immediate												
		couse (a), stating the DUETO, OR AS CONSEQUENCE OF A MILE OF THE CONSTRUCTION OF AS CONSEQUENCE OF THE CONSTRUCTION OF THE CONSTRUCTIO												
		and the second	10.31.	(c)	1) Day	~ ~	NA			- 0				
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART										(0)		
	Ó									Lance Contract				
	CERTIFICATION	190 DATE OF OPERA	TION	19h COND	ITION FOR WHICH	OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YE	ES, WERE FIND	INGS USED		
1	Ē	The same of		E ZOM					YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO				
9	H	21a. ACCIDENT WAS UN	DERLYING T	216. TIME C			21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)			
1		OR CONTRIBUTING	CAUSE OF DE	A) ()	A.M. MONTH DAY YEAR									
	Q	(IF EITHER NOTIFY MED			.M.	19	27 10617	201		1-1				
	MEDICAL	21d. INJURY OCCUR			OF INJURY	ARM ETC 1	21f. LOCATIO		CITY OR	NWO	COUNTY	STATE		
	-	AT WORK NOT W	HILE DRK	1915		- 1		-	. 0 -1					
		7/s.I certify that (Othis hosp	ital) attended th	he deceased from_	91	0	19	10 9	(. 19	that (I) (we) last		
	1	sow the decomposition of the composition of the com	ad alive or	911	19	8× .	nd that in (my)	(aur) apinian	death accurred an the	date and ha	ur and from the	causes stated		
	1.43	275 SIGNATURE	did) (did no	at) view the body	offer death		DECREE			_	122¢ DATA	SIGNED		
	-	154	-	121	108 1 h	ww	/	ATTENDING	MEDICAL ST	AFF	0	1 221		
	1	2//	1	100	2.1	- 1 70			MEDICAL ST	ICIAN 🗌	17	Xolox		
ľ		224 PHYSICIAN'S N	The line	Manager 1			77+ ADDRES	4						
		George Wa	athen	M.D.	market Co		Box	20 Cha	raes Prof.	Bldg	Waldor	f, Md		
	23a f	BURIAL CREMATION		THE RESERVE OF THE PERSON NAMED IN COLUMN	23c. t	NAME OF	THE RESERVE THE PERSON NAMED IN	CREMATORY	23d. LOCATION					
	-	Burial		9/19/8	4 Ft.	Line	coln Ce	metery	Brentwo	od 1	P.G. M	aryland		

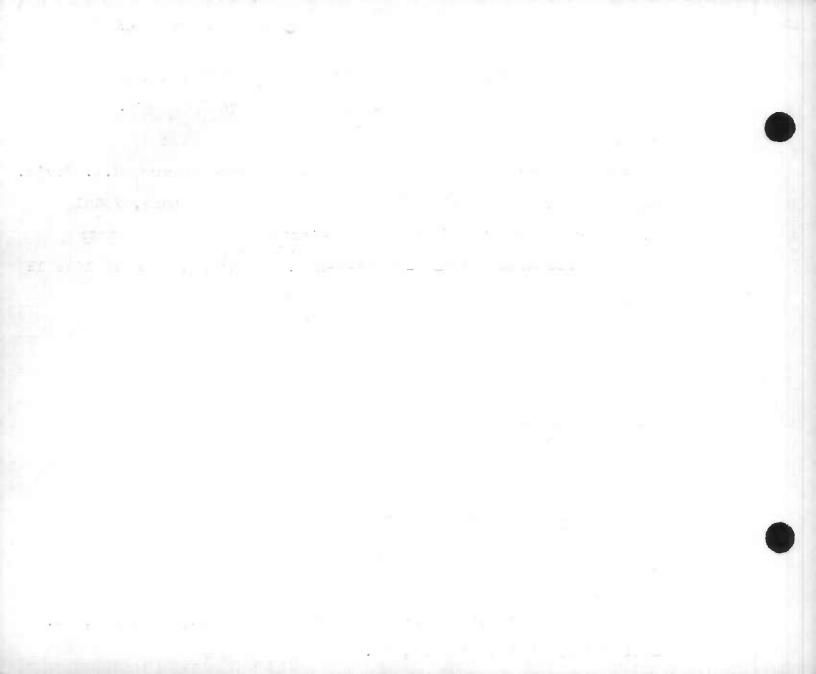
DHMH - 16 50M 4/8 (VRA 15, 4)

washington, I.C. U.S.A. Velical Secretary constantal (3) 33 TO THE STATE OF TH 9WDII Wollidge "Tollidge rd a SIR-C7-1134 Robert P. Storrouch Tayons lary, Mary and t. Bine in Certary Irestwood r.C. Taryland

		FOR STATE				MENT OF H	ALTH A		TAL HYG		2 4	8	8	8		
1		REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH												
0		CEASED NAME E OR PRINT)	FIRST		WIUDLE		LAST				ATE KNO	WN [HINOM	DAY	YEAR	26. HOUR
	DORA			Le	9			THERLI	N		ATH MA	TED X		14	1984	N
	3. SEX	(4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)			UNDER 24		DATE NOUNCED)	MONTH	DAY	YEAR	2d HOUR
		male	Black	3 10	22	62 YRS					DEAD		9		1984	7:45 p_m
20	70 B	RTHPLACE IST	ATE OR	76 CITIZEN OF WE	IAT COUN	TRY?	MARRIEI	D NEVER	RMARRIED	9 BA	LTIMORE	CITY OF	COUN	ITY OF D	EATH	
2		rginia		U.S.A.			WIDOWE		DIVORCED		narle					MD.
-	10 C	ITY OR TOWN	OF DEATH	II NAME OF HOS			OR OTHER	RINSTITUTIO	DN 12	FOR MOST O	CCUPATION WORKING	ON (TYPE (OF WORK	12b KIN	ND OF BUS	
6		a Plata		Physicia	Physicians Memorial Hosp. (DOA) Cafeteria Work											
-		TATE	13b COUN Char	or other institution, Gr ITY les Count;	or other institution, give residence before admission) IY 134 (CITY OR TOWN Les County Pisgah			3d. INSIDE CITY L		e STREET A		iśga	h. M	(D 25	220540	
-	14. F.	ATHER'S NAME					1	5. MOTHER'S	S MAIDEN N		MIDDLE	-000			LAST	
0		Joe	XVGXXGUX	WIDDLE	-	LAST AW		Anna		XXXXXX.					munds	5
PAG DEN ON	16a. \		EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SO	CIAL SECURITY I	10.	7. INFORMAI	NT		Pa	x 461				
		No	() (13, 01)	WAR ON DATES,				Romai	ne D.	Savo	y F	Rt. 1	a. M	arvl:		20640
		II CAUSE O	F DEATH (Enter or	ly ane cause per line	far (a), (b), and (c).)					-			APF	PROXIMATE VEEN ONSET	INTERVAL AND DEATH
1	100	PARTIDE	ATH WAS CAUSE	TE CAUSE (a)	pert	ensive	card	iovasci	ular o	diseas	se					
YG.						SEQUENCE OF			1 30	-						-
EAT			is, if any, which											100		
A LA		gave rise to immediate (b)														
		lying couse lost.														
CHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY RROWENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIHER THE MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAINLY PAGE 5. FOR YOUR CUSED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE THED. WITHIN 72 OF HEALTH AND MENTAL HYGIENE, DIVISION OF-WIJAI RECORDS, 201 W. PRESTON SIRIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)														
_	은	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?								120 A	UTOPSY?					
7	CERTIFICATION	THE CONDITION WHICH OF EASTON WAS PERFORMED:														
All I	E	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)									res 🗌	ио 🔀				
3		UNDERLYING	OR	HOUR A.M		DAY YEAR			CCOMMED (- TATORE	. 51 11 7001 11	The state of the s	OK PA			
)	MEDICAL	214 INJURY C	OCCURRED	DEATH P.M.	OF IN HIRY	19 (AT HOME	21f. LOC	ATION								
	ME	WHILE AT WORK	NOT WHILE [STREET, FACT			STR			СПА	OR TOWN		co	YINUC		STATE
D, z		27a Certify that took charge of the remains described above, held an Autopsy , Inspection X, Inquiry , and in my apinion										-				
		death resulte		ral causes X.	Accident			Hamicide		Undetermin	,		, 0			
4			٨	^			,	TITLE (SPEC								
,		ACTUAL SIGNATURE_	MA	1200	-		M D	Assis		_MEDICAL I	EXAMINE	R	DATE	ED. 9-	-17-8	34
57			Vien	21/2											W. A.	
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		(TYPE OR PRIN	An An	n M. Dixo	n, M.	D.	AI	DDRESS_1	11 Per			lto.	, Mc	1. 21	1201	
5	23o.B	URIAL, CREMAT	ION, REMOVAL			NAME OF CEME			Y 2	23d. LOCATI	ON			YINL		ATE
		Bur	ial	9/20/84 NS FUNERA	A	lexande	r Cen			Risor	n Ch			unty		MD
	24. F	NAME		39 HUNTER				250.	DATE REC		0			SIGNATU	JRE	
))			43	SE HUNTE		20019		SEE	2.040	0/11 4	ulia Da	Widsol.	-lion	Karlar	- 3	
2			AA W 2	ALLIEU LOIS,												

ROLLINS FUNERAL HOME, INC. 4330 HUNT PLACE, N.E. WASHINGTON, D.C. 20019

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

'	REGISTRAR			CERTIF	ICATE OF DE	ATH	REG. N	0.						
	CEASED NAME	FIRST	MIDDLE	L	AST		20 DATE OF DEATH		AY YEAR	2b. HOUR				
		Elvyra K.	V		ndingham		Septemb			2:201				
3 SE	Х	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.				
	FEMALE	WHITE		01	23	11	73	YRS.						
	IRTHPLACE (STATE ORFO	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER M.	ARRIED -	9. BALTIMORE CITY Q	R COUNTY	OF DEATH	-4				
	OHIO	U.S.	A.	WIDOWE		ORCED _		narles	MD					
70 C	ITY OR TOWN OF DEAT		HOSPITAL, NURSIN		OR OTHER INSTI	IUTION	12a USUAL OCCUPATI			F BUSINESS OR				
La	Plata		ians Memo		Hospita	1	HOMEMAKER		HOM	E				
13a	STATE	OR OTHER INSTITUTION IN COUNTY	GIVE RESIDENCE BEFORE 131. CITY OR TOWI UPPERMA	N	13d. Inside cit Dyes [X	Y LIMITS?	13e.STREET ADDRESS . 9800 LEMO		IVE 20	1772				
14. F.	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	AE MIDDLE	6	LAS					
1	ARNOLD		KRUTEL		CLAR			NEW	HALL					
160	WAS DECEASED EVER IT	N U.S. ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMAN	IT	ADDRI	SS						
	YES NO OR UNKNOWN)		234-76-5077			ROBERT MCMURRER,								
NO	Conditions, if ony, gove rise to imme couse (o), stofting underlying cause	which (b)	R AS A CONSEQUE	NCE OF	POT RELATED I	O THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110					
ATIC	190 DATE OF OPERATI	ON INCOND	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	NGS USED						
RTIFIC,	THE DATE OF GLERATI	17/2 COND	THORY OR WINGER	OF ERRITO	TO THE STERIOR	MED	YES NO	OF DEATH?						
MEDICAL CERTIFICATION	the discenses of the second of	ALEXAMINER) ALEXAMINER) ALEXAMINER ALEX	M. MONTH DA M. OF INJURY OFFICE, FACTORY OFFICE, FA	19 ARM ETC)	21f LOCATION STREET	. 19 Junion of TENDING HYSICIAN	city or to	3 . I ate and hour	COUNTY					
	Daniel Ho	well M.D			La Plata,Md									

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/B3

should be detache MPORTANT: If he

24 FUNERAL DIRECTOR LEE FUNERAL HOME INC. (VRA 15, 4) 6633 OLD ALEXANDER FERRY RD., CLINTON, MD 20735

23b. DATE

09-09-84

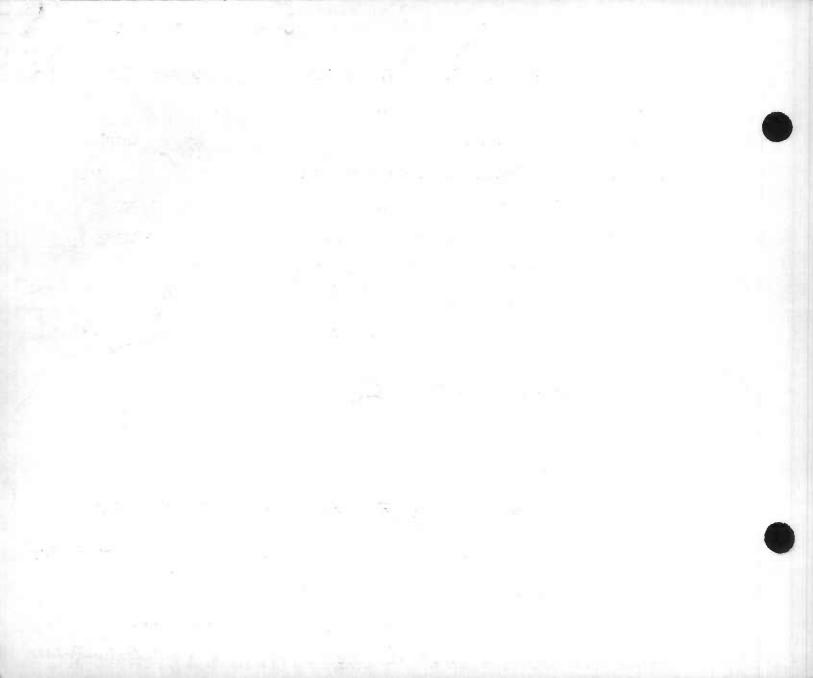
230 BURIAL, CREMATION, REMOVAL

BURIAL

SUNSET MEMORIAL PARK

CHARLESTON, WEST VIRGINIA

Sulia Varidoon Pandalle



	~ /	49 8
J	4G PHYSICIAN, The low requires that the death certificate be executed within 24 hours after death. Polating physician.	ther this certificate has been signed by the attending physician and completely filled in by the function of the property of t
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TO FUNERAL DIRECTOR Ashould be detached for with the State Dept. of Heal IMPORTANT; if them 21

etained by the haspital a

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND FOR STATE

Huntt Funeral Home Waldorf.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1		REGISTRAR			Text of Person	REG. NO								
1		EASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUF	2				
		THELMA	JANE		WALTON	SEPTEMBER	19,1		5:30					
П	3. SEX	(4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		DNIHS DAYS	HOURS	MIN.				
Н		FEMALE	Cau.	Dec		74	YRS							
71		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	COUNTY	OF DEATH						
	N	orth Carolin		WIDOWE	DIVORCED	CHAR				MD.				
2	1	A PLATA	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR PHYSICIANS MEI		HOSPITAL	126 USUAL OCCUPATK	WORKING LIFE)	126. KIND O INDUSTRY	Hom					
1		AL RESIDENCE (IF NURSING HOME OF			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE							
2	Me	aryland St.	Mary's Chapt	ico	YES NO	General D	elive	ery 2	0621					
2	4. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WE		(AS	ST.					
Ü		Peter	Carawa	У	Susan		Mor	ore						
2	166 V	VAS DECEASED EVER IN U.S. AR	(E MAINE COR DA YES)		17 INFORMANT	ADDRE								
		VES NO OR UNKNOWN) (IF YES, GIT	226-22	2-0328	Linda C. S	tamford sa	me as	s 13						
		18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b),					BETWEEN	MATE INTERV	VAL DEATH				
		PART I. DEATH WAS CAUSE IMMEDIA												
		IMMEDIA	DUE TO, OR AS A CONSEC		LMONARY									
		Conditions, if ony, which	LUE TO, OR AS A CONSEC	GS TD	VE HEAR	T FAILL	IRE							
		Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
		underlying couse lost.	DUE TO, OR AS A CONSEC	PO SCI	EROTIC H	FART DE	SEASE							
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T						0.1					
	Z O	OCHRONIC	OBSTRUCTIVE				OKE	(CV	(A)					
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN						
6	풀					YES NO	IN CERTIFY	ING CAUSES	OF DEATI					
7	124	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR		1							
9	1.00	OR CONTRIBUTING CAUSE OF DE												
	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION									
	뷫	WHILE I NOT WHILE I	(AT HOME, STREET, FACTORY OFFI	CE, FARM, ETC)	STREET	CITY OR TO	NN	COUNTY	SI	TATE				
		AT WORK												
		22a certify that (1) (this hospital) attended the deceosed from 9-19, 19-84, to 9-19-, 19-84, that (1) (we) lost saw the deceosed of one on 19-19-, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.												
		22b. SIGNATURE V	wougond	9	DEGREE ATTENDING	. MEDICAL STAF		22c. DATE	SIGNED	86				
-		224 PHYSICIAN'S NAME (TYPE	U		1220 ADDRESS	DIRECTOR PHYSIC	IAN	1-1-	11-	7				
_		A. Vidysaga			Ft. Washing		/44							
		BURIAL, CREMATION, REMOVAL	23b DATE 2.	R NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	51	TATE				
		rial	9-22-84 T	rinit	v Mem.Garde	ns Waldorf	Ch:	arles	. Md					
	24. FU	UNERAL DIRECTOR			25e. DAT	E REC'D. BY REGISTRAR	256 REGISTR	AR'S SICHAT	NO EDO					

Maryland



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT ALLHY GIENE

THE REPORT OF THE PARTY OF THE OR STREET, BRITIS . THE STREET

1.	FOR	1	STA DEPARTMENT OF	TE OF MARYLAN HEALTH AND MI		IENE O A	8 9 4			
1	- STATE REGISTRAR		DICAL EXAMIN				NO.			
	DECEASED NAME (TYPE OR PRINT) Mart	ha N/	M/N Z	LAST ZT	raigzne	20. DATE KNOWN OF ESTI- DEATH MATED	- 0 '	PAY YEAR	26 HOU	
3 :	Female White	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 YR. AY) MONTHS DAYS	HOURS MIN		MONTH 1	DAY YEAR	2d HOUI	
70 70 70 70 70 70 70 70 70 70 70 70 70 7	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COU							
	Tatvia (USSR)	USSR	PITAL NURSING HOME	WIDOWED X	DIVORCED	Charles USUAL OCCUPATION	County	KIND OF BU	ME	
T	a Plata	Physician Physician	l Hospital		TYPE OF WORK	OR INDUSTRY At home				
130	SUAL RESIDENCE (IF IN NURSING HOME I 136 COUNTY I 136 COUNTY I 136 COUNTY I 136 Char	1TY	13c. CITY OR TOWN Newburg	13d. INSIDE (YES [street address Route 1 Box	123 A	20664		
	I. FATHER'S NAME	MIDDLE	LAST	F	ER'S MAIDEN N	IAME MIDDLE		LAST		
1	Krisdaps was deceased ever in u.s. ar	MED CODCESS	Buldurs		rekla	ADDRE	ėc.	Rapa		
100	(YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)						ac No	13	
F	NO 18 CAUSE OF DEATH (Enter or	du one coure per line	1578-90-878	3 Erika	a Bliman	nis-Daughter	Salle	as No.	EINTERVAL	
	PART I DEATH WAS CAUSE	D BY:	A5 CV D					BETWEEN ONSET	AND DEATH	
1	Canditions, if any, which gave rise to immediate (b)									
	couse (a) storing the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)									
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
1	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS		20 AUTOPSY?	,						
1	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART								NO	
		HOUR A.M DEATH P.M	MONTH DAY YEAR	31.25	OCCURRED (E	NTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)			
	CONTRIBUTING OR CONTRIBUTING CAUSE OF TIG INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (OF INJURY (AT HOME, JORY, FARM, ETC.)	21f. LOCATION STREET	J. T.	CITY OR TOWN	COUNTY	1	STATE	
1	22e I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion									
	death resulted fram: Natu	ral causes .	Accident L.J. Su	icide [], Homii	cide [], U SPECIFY)	Indetermined manner	7,	^		
1	ACTUAL SIGNATURE 1+M	nahar	Haff	M.D. Char	Jun (1)	MEDICAL EXAMINER	DATE SIGNED	4 Sept	1984	
利	EXAMINER'S NAME HEN	. Mahan.	Hatt	ADDRESS_	5 RAI !	20 000	aplata	M 2	0646	
23	Be.BURIAL, CREMATION, REMOVAL			METERY OR CREMATO	ORY 23	d LOCATION CITY OF TOWN Clinton	COUNTY P.G	ST	Md.	
24	Cremation 1. FUNERAL DIRECTOR	09/25/84		rematory	250. DATE REC'I	D-BY REGISTRAR 1256 RE				
	Arehart Funeral	Home The			JULI	3 1304 guina	J. W. W. C.		-	
F	aciaic iniciai	. ICAGO TITO	, za riaca		40	A 174 .				

